

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/518628

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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26						
27						
28			1			
29				1		
30				2		
31				0		
32				0		
33				0		
34				0		
35				0		
36				0		
37				0		
38				0		
39				0		
40				0		
41			1			
42				1		
43				2		
44				0		
45				0		
46				0		
47				0		
48				0		
49				0		
50				0		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				0		
52				0		
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97						
98						
99						
100						
TOTAL IND.		↓		2	↓	↓
TOTAL DEP.		←		25	←	←
TOTAL CLAIMS				27		